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CONFIRMATION NO. 3601

SERIAL NUMBER 10/709,602	FILING OR 371(c) DATE 05/17/2004 RULE	CLASS 169	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. longcip	
<b>APPLICANTS</b> Julius Long, Charleston, SC;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/248,609 01/31/2003 ABN which claims benefit of 60/352,497 01/31/2002 and claims benefit of 60/354,212 02/07/2002 and claims benefit of 60/354,211 02/07/2002 and claims benefit of 60/354,213 02/07/2002 and claims benefit of 60/361,371 03/05/2002 and claims benefit of 60/361,370 03/05/2002 and claims benefit of 60/352,498 01/31/2002 and claims benefit of 60/361,372 03/05/2002 and claims benefit of 60/372,825 04/17/2002 and claims benefit of 60/372,823 04/17/2002 and claims benefit of 60/372,824 04/17/2002					
<b>** FOREIGN APPLICATIONS *****</b> NONE <i>8/23/06</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/01/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>James Moran</i> <i>8/23/06</i> Examiner's Signature <i>James Moran</i> <i>8/23/06</i> Initials		STATE OR COUNTRY SC	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> 26496					
<b>TITLE</b> FIRE EXTINGUSHING SYSTEM					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	